UTILITY
PATENT APPLICATION
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Attorney Docket No.	03500.017413.
First Named I	nventor or Application Identifier
SHUJI YAMADA	
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(City for new nonprevisional applications an	(20) 0, 0, 1, 1, 1,00(2))	Express Mail L	Label No.			
APPLICATION ELEM See MPEP chapter 600 concerning utility pater	ADDR	ESS TO:	Commission P.O. Box 1	Patent Application oner for Patents 1450 , VA 22313-1450		
1. Fee Transmittal Form (Submit an original, and a duplicate for form	ee processing)	7.	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			mputer
2. Applicant claims small entity status. See 37 CFR 1.27.		8.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			sion
3. X Specification Total	Pages 62		a. Computer Readable Form (CRF)			
	Sheets 14		ı	ation Sequence List CD-ROM or CD-R		10/619 10/619
a. X Newly executed (original o	r copy)		c S	Statements verifying	identity of above	copies
			ACCOM	PANYING APPLIC	ATION PARTS	
Signed Statemen	with Box 17 completed)  INVENTOR(S)  Int attached deleting inventor( or application, see 37 CFR  .33(b).	9. X 10. 11. 12. 13. 14. X 15. 16. 16. 16.	37 CFR 3.73 (when there English Tra Information Statement (Preliminary Return Recursion Statement Candidate Certified Confereign purious Control of the Confereign purious Certified Confereig	Papers (cover sheet of the state of the stat	Power  (if applicable)  Copies Citatio	
17. If a CONTINUING APPLICATION, check	appropriate box and supp	ly the requisite in	formation:			
Continuation  Divisional  Prior application information:  Continuation-in-part (CIP)  Group/Art Unit:						
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
18. CORRESPONDENCE ADDRESS						
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below						
NAME			·			
Address						
City	State			Zip Code		
City	Telephone			Fax		

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) R/	ATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	26-20 =	6	X \$ 18.00	=	\$108.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 84.00	=	\$ 84.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$280.00 =			\$0		
				BA (37 C	SIC FEE FR 1.16(a))	\$750.00
			Total of	above Calcu	ılations =	\$942.00
	Reduction by	0				
					TOTAL =	\$942.00
9. Sn a.		ntity statement is enclose				
a. b. c. 0.	A small er  A small er  and desire  Is no long  X  A check in the amount  A check in the amount  C  C  C  C  C  C  C  C  C  C  C  C  C	ntity statement was filed ed. er claimed. ount of \$ <u>942.00</u> to coount of \$ <u>4000</u> to coount of \$	in the prior nonprovision  ver the filing fee is encloover the recordal fee is	osed. enclosed.		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	FRANK A. DeLUCIA, JR.			
SIGNATURE	(REG. NO. 42,476)			
DATE	July 15, 2003			

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